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# Indiana SMP Volunteer Packet

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## SMP REQUIRED FORMS

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## Greetings SMP Volunteer Applicant!

Thank you for your interest in the Senior Medicare Patrol (SMP) volunteer program. The contents of this application packet are designed to help answer common questions about the SMP program and to provide some information about what you can expect as a volunteer. **SMP is predicated on the good work of volunteers** to accomplish its mission to **educate and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, error, and abuse through outreach, counseling, and education.** Because the work we do together is so important, SMP takes seriously its responsibility to carefully select and place volunteers in positions that match up well with their background, skills, and interests.

**Volunteers are essential to the work of the SMP program in a variety of roles.** They assist with administrative tasks, distribute information, staff information booths at outreach events, present SMP information at community and educational outreach events, help people who have questions about health care fraud and abuse, and more. Without volunteers, the program could not function.

The SMP program has high standards for its paid staff and volunteers alike. We aim to provide timely and helpful information – and to answer questions accurately and objectively. To that end, **SMP provides thorough training and supervision for its volunteers.** They receive orientation and training to enable them to carry out the tasks of their respective positions. Those whose work involves direct contact with Medicare beneficiaries through presentations and counseling receive intensive subject matter and skills training.

Beyond training, SMP volunteers can expect their designated supervisor, or “coordinator of volunteers,” to provide ongoing support that includes answering questions, providing constructive feedback and direction, and checking in regularly to ensure that the experience is a good fit. Supervisors in the SMP program strive to **give support that relies on positive, constructive, and success-oriented guidance** for volunteers as they work to fulfill the SMP program’s mission. We want our volunteers to have a **positive and productive experience.**

The work is **challenging, interesting, and ultimately rewarding.** Please take a few moments to review the other materials in this packet. If you decide to proceed with applying for a volunteer position with the SMP program, please complete the enclosed application form and return it to me at your earliest convenience. If you have any questions about the volunteer program or the application and screening process, please feel free to call me at 317-205-9201.

Thanks again for your interest. I look forward to hearing from you.

A handwritten signature in blue ink, appearing to read 'Mary', with a long horizontal line extending to the right.

Mary Wallace  
Indiana SMP Volunteer and Training Coordinator  
4701 N. Keystone, Suite 402  
Indianapolis, IN 46205  
317-205-9201  
mwallace@iaaaa.org



## INDIANA SMP VOLUNTEER APPLICATION

### Contact Information

Applicant name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Primary phone: (    ) \_\_\_\_\_ - \_\_\_\_\_ Other phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

Best method and time to reach you: \_\_\_\_\_

Emergency contact person name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Primary phone: (    ) \_\_\_\_\_ - \_\_\_\_\_ Other phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

## Applicant Information

1. Do you speak any languages other than English? Please list language(s):

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

2. Please tell us about your work experience. *If you are currently employed, please list your current job first. Use the remaining spaces to describe other work experiences (paid or volunteer) that relate in any way to the SMP volunteer position. If you need additional space, please attach another sheet of paper.*

A. Organization: \_\_\_\_\_

**ROLE: Check One**

City/State: \_\_\_\_\_

\_\_\_\_\_ Paid Employee

\_\_\_\_\_ Volunteer

Position/Title: \_\_\_\_\_

\_\_\_\_\_ Other

From \_\_\_\_\_ to \_\_\_\_\_

Type of work: \_\_\_\_\_

B. Organization: \_\_\_\_\_

**ROLE: Check One**

City/State: \_\_\_\_\_

\_\_\_\_\_ Paid Employee

\_\_\_\_\_ Volunteer

Position/Title: \_\_\_\_\_

\_\_\_\_\_ Other

From \_\_\_\_\_ to \_\_\_\_\_

Type of work: \_\_\_\_\_

C. Organization: \_\_\_\_\_

**ROLE: Check One**

City/State: \_\_\_\_\_

\_\_\_\_\_ Paid Employee

\_\_\_\_\_ Volunteer

Position/Title: \_\_\_\_\_

\_\_\_\_\_ Other

From \_\_\_\_\_ to \_\_\_\_\_

Type of work: \_\_\_\_\_

3. Please describe any skills or experience that would enable you to perform the duties of an SMP volunteer.

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4. Do you have any medical conditions that may affect your ability to function as an SMP volunteer, or do you require any special accommodations that the SMP coordinator of volunteers should be aware of? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please briefly describe:

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5. Are you licensed and able to drive an automobile? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Certain conflicts between personal interests and the interests of the SMP program may exist, and could prevent a person from serving as an SMP volunteer. One example is that of a licensed health insurance agent. Some conflicts of interest, however, can be addressed in other ways and may not prevent someone from serving with the SMP program. If you have a business or other personal interest that may create a conflict, please describe it here so we can discuss it fully during your interview.

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7. Please describe your most recent volunteer experience. Be sure to include what type of work did you performed and with what agency.

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8. What did you like most about your experience?

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9. What did you like least about your experience?

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10. What is most important to you personally in a volunteer position?

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## Interest in the SMP Program

1. How did you learn about the SMP program?

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2. Please tell us why you are interested in volunteering with SMP.

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3. Please indicate the **days and times** that you are usually available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

**Note: To ensure the safety of our clients, volunteers, and the communities we serve, and to follow national SMP policy and guidelines, volunteer applicants will be asked to consent to a national criminal records check. Please complete both the Master Consent Form and the Consent to Perform National Criminal Records Check form – also included in this packet.**

## References

Please provide three references, including at least one professional or work reference, that are not related to you and who we may contact to ask about your qualifications (if the reference is a supervisor or co-worker, please note the organization for which she or he works).

### REFERENCE #1

Name (first, last): \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_

How long known? \_\_\_\_\_

### REFERENCE #2

Name (first, last): \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_

How long known? \_\_\_\_\_

### REFERENCE #3

Name (first, last): \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_

How long known? \_\_\_\_\_



## INDIANA SMP VOLUNTEER APPLICATION AUTHORIZATION AND CERTIFICATION

Information in this blue box to be completed by IN SMP Office Staff.

**Volunteer Name:** \_\_\_\_\_

**Assigned Area Agency or Organization:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

I certify that the information I provided in this application is true, complete, and accurate to the best of my knowledge. I authorize Indiana Senior Medicare Patrol (INSMP) to contact my references regarding my SMP Volunteer Application and authorize those listed as references to provide information regarding my application without liability.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_





# VOLUNTEER AGREEMENT

## Scope of Responsibility

I, (print name) \_\_\_\_\_, agree to act within the scope of my responsibilities as described in the **role description** for (print name of the volunteer position, e.g., administrative volunteer, one-on-one counselor, etc.) \_\_\_\_\_, and to abide by all program policies and procedures provided in the SMP Volunteer Handbook, policy manual, and other guidance.

## Training

I agree to attend any required SMP orientation and training programs and abide by all program policies and procedures required for my volunteer position. I understand that SMP reserves the right to make changes in the nature of my volunteer assignment, and that a breach of this agreement may result in the termination of my volunteer service.

## Confidentiality

I understand that in the course of my work as an SMP volunteer, I may have access to sensitive and confidential information about Medicare beneficiaries that may include medical, insurance, financial, and other personal information. I agree to keep such information confidential and to use it only to perform my duties as an SMP volunteer to the extent that a client explicitly authorizes. I will discuss cases and client names only with authorized staff and affiliates of Medicare, Medicare contractors, Medicaid, insurance companies, medical providers and suppliers, law enforcement officials, or SMP program personnel, for the purpose of assisting the client.

## Information and Data Security

I understand that I may, from time to time, have in my possession sensitive and confidential documents and client information in electronic and/or hard copy forms. I agree to comply with the SMP program information and data security policies and procedures to ensure the safe handling, transmission, and storage of beneficiary information.

## Conflict of Interest

I understand that one important goal of the SMP program is to provide objective information, education, and assistance to beneficiaries about Medicare fraud prevention, detection, and reporting. I also understand that SMP volunteers cannot promote any personal, religious, or business interest while engaged in SMP work. **I affirm that I am not engaged in the sale of insurance as an agent or broker, nor do I hold an active license to sell health insurance.** I agree that in connection with my work as a SMP volunteer I will not solicit or persuade clients to purchase or enroll in any specific health insurance plan, to switch from one insurance plan to another to replace existing coverage, to go to a specific provider for medical treatment or services, or to a particular insurance agent or broker. I also agree to report any conflict of interest that may arise during my service as a SMP volunteer to my SMP Volunteer and Training Coordinator.

## Proof of Valid Driver's License and Current Insurance Coverage

I, **(print name)** \_\_\_\_\_, certify that I have a valid driver's license and current automobile insurance coverage. In the event that my automobile insurance policy or driver's licenses lapses, I agree to notify my SMP program supervisor immediately. **I have provided a copy of my valid driver's license and proof of current automobile insurance.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

***Photocopies of a valid driver's license and current automobile insurance coverage are required (please attach).***



## CONSENT TO PERFORM NATIONAL CRIMINAL RECORDS CHECK

I hereby give my consent to Indiana Senior Medicare Patrol to conduct a comprehensive background check as required for the volunteer position for which I have applied. The background check will include a criminal records check, reference checks, and may include checks on my driving record and employment and volunteer history and experience.

I understand that I do not have to agree to this background check, but that my refusal may exclude me from consideration for SMP Program "positions of trust" that include the roles of staffing exhibits, making group presentations, counseling, and handling complex issues and referrals.

I understand that the SMP Program will limit the information it collects to that needed to determine my suitability for particular types of volunteer work, that it will keep all such information confidential and destroy documents containing my Social Security number at the time it makes a decision whether or not to accept me as a volunteer.

**Applicant's Name (Please Print Name):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

\_\_\_\_\_

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## BACKGROUND AND CRIMINAL RECORDS HISTORY

DATE:

DRIVER'S LICENSE #:

STATE ISSUED:

LAST NAME:

FIRST NAME:

INITIAL:

LIST ANY/ALL NAME(S) OTHER THAN THE ABOVE NAME YOU MAY HAVE USED FOR IDENTIFICATION (e.g., maiden name, birth name, etc.):

CURRENT ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

SOCIAL SECURITY NUMBER

MALE / FEMALE

(CIRCLE ONE OF ABOVE)

**PLEASE NOTE: Record will be kept in locked file cabinet and SSN will be blocked out once it has been used for confidential national records check.**

*The Indiana Association of Area Agencies on Aging and/or the IAAAA Education Institute (Hereafter referred to as "Company") and/or its agent, SecureSearch, may now, or at any time I am assigned to, volunteer with or am employed by this Company, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, or the National Personnel Records. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.*

*I understand that these searches will be used to determine work assignment or employment eligibility under the company's employment or volunteer policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. After reading this document, I fully understand its contents and authorize the background verification.*

Please answer the following questions regarding criminal record history (if any). PLEASE NOTE: YES answers require additional description in the space provided:

1. Have you ever received probation or community supervision for any federal, state or municipal criminal offense?

Please Circle One:    YES    NO

If YES, please provide an explanation below:


2. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations)

Please Circle One:    YES    NO

If YES, please provide an explanation below:


3. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense?

Please Circle One:    YES    NO

If YES, please provide an explanation below:


4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?

Please Circle One:    YES    NO

If YES, please provide an explanation below:


5. As of the date of this authorization, do you have any pending criminal charges against you?

Please Circle One:    YES    NO

If YES, please provide an explanation below:


**LIST ALL CITIES AND STATES OF RESIDENCE SINCE AGE 18 OR HIGH SCHOOL GRADUATION.**

CITY/TOWN	STATE	FROM (mo/yyyy)	TO (mo/yyyy)

**I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE THAT GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT OR VOLUNTEER POSITIONS WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.**

**Signed this \_\_\_\_\_ day of, 20 \_\_\_\_\_**

**Applicant (Print Name): \_\_\_\_\_**

**Applicant Signature: \_\_\_\_\_**



## VOLUNTEER HANDBOOK ACKNOWLEDGEMENT OF RECEIPT AND REVIEW

As required by Senior Medicare Patrol policy, I hereby certify that I have received and read in its entirety the *Indiana SMP Volunteer Handbook*.

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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### PLEASE COMPLETE ALL FORMS AND RETURN TO:

#### Via U.S. Mail to:

Mary Wallace  
SMP State Volunteer and Training Coordinator  
4701 N. Keystone, Suite 402  
Indianapolis, IN 46205

Or

#### Via Email to:

[mwallace@iaaaa.org](mailto:mwallace@iaaaa.org)